

JUN 01 2005

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To: PTO Commissioner
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From: George A. Leone, Sr.
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Pages: 8
Date: 06/01/2005 **Time:** 3:37:29 PM
Regarding: Application No.: 09/503,524 Confirmation No. 6735

Comments:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/503,524 Confirmation No. 6735
Applicant(s) : CRICKENBERGER, et al.
Filed : 2/14/2000 2/14/2000
TC/A.U. : 3641
Title : MULTIPLE PULSE CARTRIDGE IGNITION SYSTEM
Examiner : KEITH, JACK W

Docket No. : 20582US
Customer No. : 23430

MS Amendment
Commissioner for Patents
PO BOX 1450
Alexandria VA 22313-1450
AMENDMENT WITH ELECTION OF CLAIMS

PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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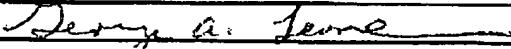
(to be used for all correspondence after initial filing)

Application Number	09/503,524		
Filing Date	2/14/2000		
First Named Inventor	CRICKENBERGER		
Art Unit	3641		
Examiner Name	KEITH, JACK W		
Total Number of Pages in This Submission	7	Attorney Docket Number	20582US

ENCLOSURES (Check all that apply)

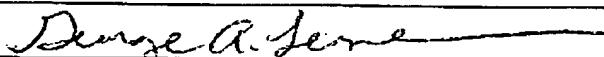
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
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<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	George A. Leone, Reg. No. 30,567 2150 128th Ave NW, Coon Rapids, MN 55448 TEL. 763-767-2762 FAX 763-754-5943
Signature	
Date	June 1, 2005

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AMENDMENT WITH ELECTION OF CLAIMS

Dear Commissioner:

This amendment is in response to the Office Action of 5/12/2005. Please enter this amendment.

Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of the claims, which begins on page 2 of this paper.

Remarks/Arguments with Election of Claims begin on page 5 of this paper.